FENNIMORE GOOD SAMARITAN CENTER

1850 11TH STREET

FENNI MORE 53809 Phone: (608) 822-6100 Ownershi p: Non-Profit Church Related Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 68 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 74 Average Daily Census: 66 Number of Residents on 12/31/00: 65

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	21. 5	
Supp. Home Care-Personal Care	No					1 - 4 Years	43. 1	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0. 0	More Than 4 Years	35. 4	
Day Services	No	Mental Illness (Org./Psy)	29. 2	65 - 74	3. 1	[
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	33. 8		100. 0	
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	44. 6	***************	******	
Adult Day Health Care	No	Para-, Quadra-, Hemi pl egi c	4.6	95 & Over	18. 5	Full-Time Equivalen	t	
Congregate Meals No Cancer		Cancer	4. 6			Nursing Staff per 100 Re	si dents	
Home Delivered Meals Yes Fractures		0.0		100. 0	(12/31/00)			
Other Meals	No	Cardi ovascul ar	18. 5	65 & 0ver	100. 0			
Transportation	No	Cerebrovascul ar	3. 1			RNs	9. 2	
Referral Service	No	Diabetes	13.8	Sex	%	LPNs	12. 8	
Other Services	No	Respi ratory	6. 2			Nursing Assistants		
Provi de Day Programmi ng for	ĺ	Other Medical Conditions	20.0	Male	30. 8	Aides & Orderlies	36. 0	
Mentally Ill	No			Female	69. 2			
Provi de Day Programming for	ĺ		100.0			[
Developmentally Disabled	No				100. 0	I		

Method of Reimbursement

		Medi	care		Medi cai d												
		(Titl	le 18) (Title 1		19) Othe			ner Private Pay			Managed Care				Percent		
			Per Die	em		Per Die	m		Per Die	em		Per Dien	n]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	-		\$218.33	-	85. 4	\$89. 26	0	0. 0	\$0.00	16		\$112.00	0	0. 0	\$0. 00 \$0. 00	53	81. 5%
Intermediate				6	14. 6	\$74.30	0	0.0	\$0.00	6	27. 3	\$106.00	0	0. 0	\$0.00	12	18. 5%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Total	2	100. 0		41	100. 0		0	0. 0		22	100. 0		0	0.0		65	100.0%

FENNIMORE GOOD SAMARITAN CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	, and Activities as of 12/	31/00
Deaths During Reporting Period							
		[% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	23. 7	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	10. 5	Bathi ng	3. 1		76. 9	20. 0	65
Other Nursing Homes	13. 2	Dressi ng	24. 6		60. 0	15. 4	65
Acute Care Hospitals	52. 6	Transferring	46. 2		40. 0	13. 8	65
Psych. HospMR/DD Facilities	0.0	Toilet Use	32. 3		49. 2	18. 5	65
Rehabilitation Hospitals	0.0	Eating	72. 3		15. 4	12. 3	65
Other Locations	0.0	* * * * * * * * * * * * * * * * * * *	**********	*****	*********	*********	******
Total Number of Admissions	38	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	0.0	Recei vi ng	Respi ratory Care	6. 2
Private Home/No Home Health	36. 1	0cc/Freq. Incontinent	of Bladder	55. 4	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	13. 9	0cc/Freq. Incontinent	of Bowel	29. 2	Recei vi ng	Sucti oni ng	0.0
Other Nursing Homes	0.0				Recei vi ng	Ostomy Care	1. 5
Acute Care Hospitals	8. 3	Mobility			Recei vi ng	Tube Feedi ng	1. 5
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	7. 7	Recei vi ng	Mechanically Altered Diets	10.8
Rehabilitation Hospitals	0. 0						
Other Locations	0.0	Skin Care			Other Reside	nt Characteristics	
Deaths	41.7	With Pressure Sores		7. 7	Have Advan	ce Directives	69. 2
Total Number of Discharges		With Rashes		21.5	Medi cati ons		
(Including Deaths)	36				Recei vi ng	Psychoactive Drugs	47. 7
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	Ownershi p:		ershi p:	Bed	Si ze:	Li ce	ensure:		
	Thi s	Non	profit	50-	- 99	Ski l	lled	All	
	Facility F		Group	Peer Group		Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89. 2	92. 8	0. 96	86. 6	1.03	87. 0	1.03	84. 5	1.06
Current Residents from In-County	89. 2	73. 6	1. 21	69. 4	1. 28	69. 3	1. 29	77. 5	1. 15
Admissions from In-County, Still Residing	34. 2	26. 8	1. 28	19. 5	1. 75	22. 3	1. 53	21.5	1. 59
Admi ssi ons/Average Daily Census	57. 6	86. 5	0. 67	130.0	0. 44	104. 1	0. 55	124. 3	0.46
Discharges/Average Daily Census	54. 5	83. 8	0. 65	129.6	0. 42	105. 4	0. 52	126. 1	0.43
Discharges To Private Residence/Average Daily Census	27. 3	28. 3	0. 96	47. 7	0. 57	37. 2	0. 73	49. 9	0. 55
Residents Receiving Skilled Care	81. 5	89. 0	0. 92	89. 9	0. 91	87. 6	0. 93	83. 3	0. 98
Residents Aged 65 and Older	100	97. 3	1.03	95. 4	1.05	93. 4	1.07	87. 7	1.14
Title 19 (Medicaid) Funded Residents	63. 1	67. 3	0. 94	68. 7	0. 92	70. 7	0. 89	69. 0	0. 91
Private Pay Funded Residents	33. 8	27. 1	1. 25	22.6	1.49	22. 1	1. 53	22. 6	1.50
Developmentally Disabled Residents	0. 0	0.4	0.00	0. 7	0.00	0. 7	0.00	7. 6	0.00
Mentally Ill Residents	29. 2	32.8	0.89	35. 9	0.81	37. 4	0. 78	33. 3	0. 88
General Medical Service Residents	20. 0	22. 4	0.89	20. 1	0. 99	21. 1	0. 95	18. 4	1.09
Impaired ADL (Mean)	40. 3	49 . 0	0.82	47. 7	0.84	47. 0	0.86	49. 4	0.82
Psychological Problems	47. 7	46. 3	1.03	49. 3	0. 97	49. 6	0. 96	50. 1	0. 95
Nursing Care Required (Mean)	6. 2	7. 6	0.81	6.6	0. 94	7. 0	0.87	7. 2	0.86